## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

| Application or Docket Number | • |
|------------------------------|---|
| 100/8/257                    | 4 |
| 1-10/03-8                    | ' |

| (Column 1) (Column 2)                                                    |                                                                                                                                                                                                                 |                                            |               |                                      |              |                                       | SMALL ENTITY TYPE |                    |                        | OTHER THAN |                     |                        |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------|--------------------------------------|--------------|---------------------------------------|-------------------|--------------------|------------------------|------------|---------------------|------------------------|
| F                                                                        | TOTAL CLAIMS                                                                                                                                                                                                    |                                            | ,55.51        | 11/1/                                |              | iumn 2)                               |                   |                    |                        | OR         |                     | ENTITY                 |
| ╟.                                                                       |                                                                                                                                                                                                                 |                                            | 217           |                                      |              | · · · · · · · · · · · · · · · · · · · |                   | RATE               | FEE                    | 4.         | RATE                | FEE                    |
| ⊩                                                                        | OR                                                                                                                                                                                                              |                                            | NUMBER FILED  |                                      | NUMBER EXTRA |                                       | 4                 | BASIC FEE          | 385.00                 | OR         | BASIC FE            | 770.00                 |
| TOTAL CHARGEABLE CLAIMS                                                  |                                                                                                                                                                                                                 |                                            | HHm           | ## minus 20= *                       |              |                                       | 4                 | X\$ 9=             | 216                    | OR         | X\$18=              |                        |
| INDEPENDENT CLAIMS                                                       |                                                                                                                                                                                                                 |                                            | minus 3 =     |                                      |              |                                       | 4                 | X43=               | 1                      | OR         | X86=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                         |                                                                                                                                                                                                                 |                                            |               |                                      |              | J                                     | +145=             |                    | OR                     | +290=      | ·                   |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                                                                                                                                                                                 |                                            |               |                                      |              |                                       |                   | TOTAL              | 601                    | OR         | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II                                              |                                                                                                                                                                                                                 |                                            |               |                                      |              |                                       |                   | OTHER THAN         |                        |            |                     |                        |
| _                                                                        | (Column 1) (Column 2) (Column 3)                                                                                                                                                                                |                                            |               |                                      |              |                                       | 3) _              | SMALL              | ENTITY                 | OR         | SMALL               | ENTITY                 |
| <b>AMENDMENT A</b>                                                       | 12/27/06                                                                                                                                                                                                        | REMAINING<br>AFTER<br>AMENDMENT            |               | NUMB<br>PREVIO                       | ER<br>USLY   | PRESENT<br>EXTRA                      |                   | RATE               | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
| NON                                                                      | Total /                                                                                                                                                                                                         |                                            | Minus         | - 4/4                                | 4_           | <i>- 0</i>                            | <b>』</b>          | X\$ 9=             |                        | OR         | X\$18=              |                        |
| AM                                                                       | Independent                                                                                                                                                                                                     | ENTATION OF M                              | Minus .       | PENDENT                              | CI AIM       |                                       | -  [              | X43=               |                        | OR         | X86=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM / +145=                   |                                                                                                                                                                                                                 |                                            |               |                                      |              |                                       |                   |                    |                        | OR         | +290=               |                        |
|                                                                          |                                                                                                                                                                                                                 |                                            |               |                                      |              |                                       | L<br>A            | TOTAL<br>DDIT. FEE | <del> </del>           | OR         | TOTAL<br>ADDIT, FEE |                        |
|                                                                          | ·                                                                                                                                                                                                               | (Column 1)                                 |               | (Colum                               | n 2)         | (Column 3)                            |                   |                    |                        | • '        |                     |                        |
| AMENDMENT B                                                              |                                                                                                                                                                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |               | HIGHE<br>NUMBI<br>PREVIOL<br>PAID FI | ER<br>JSLY   | PRESENT<br>EXTRA                      |                   | RATE               | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
| NDW                                                                      | Total                                                                                                                                                                                                           | •                                          | Minus         | **                                   |              | =                                     | $] \Gamma$        | X\$ 9=             |                        | OR         | X\$18=              |                        |
| AME                                                                      | Independent                                                                                                                                                                                                     |                                            | Minus         | ***                                  |              | · .                                   | ]                 | X43= ·             |                        | OR         | X86=                |                        |
|                                                                          | FIRST PRESE                                                                                                                                                                                                     | NTATION OF MU                              | ILTIPLE DEF   | PENDENT                              | LAIM         |                                       | <b>」</b>  -       | +145=              |                        |            | +290=               |                        |
|                                                                          |                                                                                                                                                                                                                 |                                            |               |                                      |              | •                                     | L                 | TOTAL              |                        | OR         | TOTAL               |                        |
|                                                                          |                                                                                                                                                                                                                 |                                            |               |                                      |              |                                       | •                 | DIT. FEE           | لبب                    | OR A       | DOIT. FEEL          |                        |
| -1                                                                       | `                                                                                                                                                                                                               | (Column 1) CLAIMS                          | <del> </del>  | (Column<br>HIGHES                    |              | Column 3)                             | 1 _               |                    |                        |            |                     |                        |
| AMENDMENT C                                                              |                                                                                                                                                                                                                 | REMAINING<br>AFTER<br>AMENDMENT            |               | NUMBE<br>PREVIOU<br>PAID FO          | R<br>SLY     | PRESENT<br>EXTRA                      |                   |                    | ADDI-<br>IONAL<br>FEE  |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                                                                                                                                                                                           | •                                          | Minus         | **                                   |              | =                                     |                   | X\$ 9=             |                        | <u>.</u>   | X\$18=              |                        |
| WE .                                                                     | Independent                                                                                                                                                                                                     |                                            | Minus         | ***                                  |              | = .                                   | l                 | X43=               |                        | OR         |                     |                        |
|                                                                          | FIRST PRESE                                                                                                                                                                                                     | NTATION OF MU                              | LTIPLE DEP    | ENDENT C                             | LAIM         |                                       |                   | ^43=               | (°                     | OR         | X86=                |                        |
| • 14                                                                     | the entry is eati-                                                                                                                                                                                              | ,<br>, , , , , , , , , , , , , , , , , , , |               |                                      |              | _ •                                   | +                 | 145=               |                        | OR         | +290=               |                        |
| H                                                                        | If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.  OR ADDIT. FEE ADDIT. FEE ADDIT. FEE |                                            |               |                                      |              |                                       |                   |                    |                        |            |                     |                        |
| _ T                                                                      | ne "Highest Numt                                                                                                                                                                                                | per Previously Paid                        | For (Total or | Independent)                         | is the hi    | ghest numbe                           | r found           | in the appro       | priate box i           | n colur    | nn 1.               |                        |